## **PRACTICUM BROCHURE**

# 2023-2024 (v.8)

## Nova Southeastern University College of Psychology Doctoral Program



NOVA SOUTHEASTERN UNIVERSITY

Updated: 11/08/2022

## 2023-2024 PRACTICUM BROCHURE

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FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		1	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 🔤 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:	:	<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Fami</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		ve):	

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctor	al stude	nts we wil	l take fro	m College	of Psychology
Number of summer starts only	y:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers <b>preferred</b> :	NO	YES			
Number of students by year (s	hould ea	ual total #	f of stude	ents listed a	above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements Specific Evening Hours Req Direct Clinical Contact (hou	uirements:		
CCE Case Available:	Yes	No	
COVID-19			
Students are required to ha	ave COVID-1	19 vaccinations/boosters: NO YES	
Exemptions (e.g., medical,	religious) ac	ccepted for not being vaccinated/boosted? NO YES	3
Other: Describe	- •	-	

FULL SITE NAME:	
<b>Type of Site</b> (check one): Nova	PSC NonNSU Site Number:
Data Last Modified	
Program/Institution	
Department	
Address	
Supervisor Name and Degree	
Supervisor Email	
Supervisor Phone: Work/Cell	/
Agency's Web Address	
CLIENT/PATIENT POPULATION:         Children (under 13)         Ado         Individual         College Students	Image: Process of the second state
<ul> <li>Other:</li></ul>	Acceptance and Commitment Therapy Solution-Focused Brief Therapy Marriage and Family Therapy Play Therapy Motivational Interviewing
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:	not included above):

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral st	udents	we will ta	ke from	College of Psychology
Number of summer starts only:				
Number of fall starts only:				
Will ONLY accept students who sp	eak Spa	nish:	NO	YES
Spanish speakers <b>preferred</b> : N	10 Y	YES		
Number of students by year (shou	ld equa	l total # of	fstudent	ts listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
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## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

	ts:	
Yes	No	
	(hours/week)	Requirements:

## COVID-19

Students are required to have COVID-19	vaccina	tions/boosters:	NO	YES			
Exemptions (e.g., medical, religious) acce	epted for	r not being vaccir	nated/boo	sted?	NO	YES	
Other: Describe		-					
NK95 masks must be worn at the site:	NO	YES					

onNSU Site Number:				
<i>.</i>				
/				
ESCRIPTION OF PROGRAM				
8-18) 🗌 Adults (19-64) 🗌 Older Adults (65+)				
Couples Family				
Homeless LGBTQ+				
<ul> <li>Acceptance and Commitment Therapy</li> <li>Solution-Focused Brief Therapy</li> <li>Marriage and Family Therapy</li> <li>Play Therapy</li> <li>Motivational Interviewing</li> </ul>				
Neuropsychological Tests     Objective Personality Tests				
Projective Personality Tests				
ed above):				

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):				
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme Specific Evening Hours Direct Clinical Contact (	Requirement						
CCE Case Available:	Yes	Νο					
COVID-19							
•		ID-19 vaccinations/boosters:		YES			
1 (0)	ical, religious	<ul> <li>accepted for not being vace</li> </ul>	cinated/boos	sted?	NO	YES	
Other: Describe							

<b>Type of Site</b> (check one): 🗌 Nova F	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
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Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF (	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	escents (13-18)	Adults (19-64)	Older Adults (65+)	
🗌 Individual 🔤 Grou	р	Couples	Eamily	
College Students	rans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES:				
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy	
Interpersonal Therapy Solution-Focused Brief Therapy		rief Therapy		
Exposure Therapy Marriage and Family Therapy			ly Therapy	
Psychodynamic Psychotherapy   Play Therapy				
		Motivational Interviewing		
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all <b>major</b> assessments not included above):				
BRIEF OVERVIEW OF PROGRAM:				

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Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will ONLY accept students who speak Span	sh: NO YES
Spanish speakers <b>preferred</b> : NO YE	S
Number of students by year (should equal t	otal # of students listed above)

**1**<sup>st</sup> **year** practicum students: \_\_\_\_\_

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Background Check; if yes Level:	Proof of Health Insurance
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Other (describe):	TB Screening
Other (describe):	
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Costs to park? If yes, how much per day? NO	YES; COST:

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Supervision Requirement Specific Evening Hours F Direct Clinical Contact (	Requirements						
CCE Case Available:	Yes	Νο					
COVID-19							
Students are required to	have COVID	-19 vaccinations/boost	ers: NO	YES			
Exemptions (e.g., medic	cal, religious) a	accepted for not being	vaccinated/boo	sted?	NO	YES	

Other: Describe

FULL SITE NAME:			
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 📃 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		/e):	

I

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctora	al stude	nts we will	take fro	m College	of Psychology
Number of summer starts only	/:			-	
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (sl	hould ea	ual total #	t of stude	ents listed a	above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

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Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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Supervision Requiremer Specific Evening Hours F Direct Clinical Contact (#	lequiremen	
CCE Case Available:	Yes	Νο
COVID-19		
Students are required to	o have CO∖	/ID-19 vaccinations/boosters: NO YES
Exemptions (e.g., medie	cal, religiou	s) accepted for not being vaccinated/boosted? NO YES
Other: Describe		
NK95 masks must be w	orn at the s	site: NO YES

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral st	udents	we will ta	ke from	College of Psychology
Number of summer starts only:				
Number of fall starts only:				
Will ONLY accept students who sp	eak Spa	nish:	NO	YES
Spanish speakers <b>preferred</b> : N	10 Y	YES		
Number of students by year (shou	ld equa	l total # of	fstudent	ts listed above)

**1**<sup>st</sup> **year** practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme	ents:			
<b>Specific Evening Hours</b>	Requirem	ents:		
Direct Clinical Contact	(hours/wee	ek):		
CCE Case Available:	Yes	Νο		

## COVID-19

Students are required to have COVID-19	NO	YES					
Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted?						YES	
Other: Describe		-					
NK95 masks must be worn at the site:	NO	YES					

<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell /				
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	🗌 Older Adults (65+)	
🗌 Individual 📃 Grou	qu	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy	
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all <b>major</b> assessments	not included abov	/e):		
BRIEF OVERVIEW OF PROGRAM:				

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization				
Background Check; if yes Level:	Proof of Health Insurance				
Fingerprints	Physical Examination				
Drug Test	Physician's Statement of Readiness				
Other (describe):	TB Screening				
Other (describe):					
Student use of prescribed Medical Marijuana is permitted: NO YES					
Costs to park? If yes, how much per day? NO	YES; COST:				

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen Specific Evening Hours R Direct Clinical Contact (h	equirement							
CCE Case Available:	Yes	Νο						
COVID-19								
Students are required to	have COVI	D-19 vaccina	ations/boosters:	NO	YES			
Exemptions (e.g., medic	al, religious	) accepted fo	or not being vaccin	nated/boos	sted?	NO	YES	
Other: Describe	_							
NK95 masks must be wo	orn at the si	te: NO	YES					

FULL SITE NAME: Family Viole	nce Program (FVP)	)			
<b>Type of Site</b> (check one): 🔳 Nova	a PSC 🗌 NonNSU	Site Nu	ımber: <u>6118</u>		
Data Last Modified	August 2021				
Program/Institution	Family Violence Prog	gram			
Department	College of Psycholog	gy			
Address		e, Fort Lauderdale, FL 333	314		
Supervisor Name and Degree	Vincent B. Van Hasse	,	_		
Supervisor Email	vanhasse@nova.edu	-			
Supervisor Phone: Work/Cell	954-262-5752	/ N/A	۱ <u> </u>		
Agency's Web Address	vanhasse@nova.edu	<u>u</u>			
	CLINICAL DESCRIPT	TION OF PROGRAM			
CLIENT/PATIENT POPULATION:					
Children (under 13)	olescents (13-18)	📕 Adults (19-64)	Older Adults (65+)		
Individual Gro	oup	Couples	Eamily		
College Students	terans	Homeless	LGBTQ+		
Other:					
	S:	_			
Cognitive Behavioral Therapy		Acceptance and Co	ommitment Therapy		
Interpersonal Therapy		Solution-Focused B	Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Fami	ily Therapy		
Psychodynamic Psychotherapy		Play Therapy			
Dialectical Behavior Therapy		Motivational Interv	viewing		
Neuropsychology		_			
Other:					
ASSESSMENT TYPE:					
Achievement and Aptitude Tests	ς				
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests	+ :	Porconality and Forer			
Other (list all <b>major</b> assessment:	S NOT INCIUGED above	e): <u>Personality and Force</u>			
BRIEF OVERVIEW OF PROGRAM:					
The Family Violence Program serves adult individual therapy for victims of abuse and management. Training is in cognitive-beha	d/ or other forms of trau	uma as well as for those who	o struggle with anger		

## PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 23 - 20 24 YEAR THIS PAGE MUST BE FILLED IN EVERY YEAR

3	Total number	of doctoral	students we	will take from	College o	f Psychology

Number of summer starts only: 0

Number of fall starts only: 3

Will **ONLY** accept students who speak Spanish: **I** NO **I** YES

Spanish speakers **preferred**: NO **I** YES

Number of students by year (should equal total # of students listed above)

1<sup>st</sup> year practicum students: 0-3

2<sup>nd</sup> year practicum students: 0-3

Elective practicum students: <u>N/A</u>

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization				
Background Check; if yes Level: 1	Proof of Health Insurance				
Fingerprints	Physical Examination				
Drug Test	Physician's Statement of Readiness				
Other (describe):	lescribe):				
Other (describe):					
Student use of prescribed Medical Marijuana is permitted: NO IN YES					
Costs to park? If yes, how much per day?	YES; COST:				

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours: 12-14 hours	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours: <u>15-20 hours</u>	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

PSC Clinic Training; Individual Supervision; Small Group Supervision

**Required Training Prerequisites** (classes, degrees, experience, etc. that is **outside of regular required curriculum/grades**):

Suggested prerequisites: Group facilitator experience or course work in group psychotherapy. Prior contact with clinical populations. First and second year practicum students can apply. First year practicum students preferred.

Supervision Requirements: <u>1hr weekly individual supervision with supervisor</u>, 2 hrs weekly group supervision Specific Evening Hours Requirements: required

Direct Clinical Contact (hours	s/week): <u>individua</u>	I therapy sessions -	10 hrs. intake eva	ils with new clients
--------------------------------	---------------------------	----------------------	--------------------	----------------------

No

CCE Case Available: Yes

## COVID-19

Students are required to have COVID-19 vaccinations/boosters:	NO	YES			
Exemptions (e.g., medical, religious) accepted for not being vaccir	nated/boo	sted?	NO	YES	
Other: Describe					
NK95 masks must be worn at the site: NO YES					

PSC 🗌 NonNSU	Site Nu	mber:		
Supervisor Email       Supervisor Phone: Work/Cell				
Agency's Web Address				
CLINICAL DESCRIP	TION OF PROGRAM			
lescents (13-18)	Adults (19-64)	Older Adults (65+)		
qu	Couples	E Family		
erans	Homeless	LGBTQ+		
<ul> <li>Other:</li></ul>		ly Therapy		
not included abov	ve):			
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :		

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral st	udents	we will ta	ke from	College of Psychology
Number of summer starts only:				
Number of fall starts only:				
Will ONLY accept students who sp	eak Spa	nish:	NO	YES
Spanish speakers <b>preferred</b> : N	10 Y	YES		
Number of students by year (shou	ld equa	l total # of	fstudent	ts listed above)

Number of students by year (should et 1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is permitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:	

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:		
CCE Case Available: Yes No		
COVID-19		
Students are required to have COVID-19 vaccinations/boosters: NO YES		
Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted?	NO	YES
Other: Describe		

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctora	al stude	nts we wil	l take fro	m College o	of Psychology
Number of summer starts only	/:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (sl	hould ea	nual total #	ŧ of stude	ents listed a	above)

Number of students by year (should equal total # of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is permitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:	

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

nents: eek):
Νο
COVID-19 vaccinations/boosters: NO YES
/ (

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES Other: Describe

<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 📃 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	ll take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is permitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:	

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen Specific Evening Hours R Direct Clinical Contact (h	equirement						
CCE Case Available:	Yes	Νο					
COVID-19							
Students are required to				NO YES	5		
Exemptions (e.g., medica	al, religious)	accepted for	not being vaccin	ated/boosted?	NO	YES	
Other: Describe							
NK95 masks must be wo	rn at the site	e: NO	YES				

FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:		—	<b>—</b>
	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	E Family
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES	:	_	
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy
Interpersonal Therapy		Solution-Focused B	rief Therapy
Exposure Therapy		Marriage and Famil	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	iewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

T

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctor	al stude	nts we will	take fro	m College	of Psychology
Number of summer starts only	/:			-	
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (sl	hould ea	ual total #	t of stude	ents listed a	above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe)	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements: Specific Evening Hours Requirement Direct Clinical Contact (hours/week)			
CCE Case Available: Yes	Νο		
COVID-19			
Students are required to have COVI	D-19 vaccinations/boosters: NO YES		
Exemptions (e.g., medical, religious Other: Describe	) accepted for not being vaccinated/boosted?	NO	YES

FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:	:	<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Fami</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		ve):	

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

**1**<sup>st</sup> **year** practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme Specific Evening Hours   Direct Clinical Contact (	Requirement				
CCE Case Available:	Yes	Νο			
COVID-19					
•		/ID-19 vaccinations/boosters: NO YES s) accepted for not being vaccinated/boosted?	NO	YES	

<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 📃 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral st	udents	we will ta	ke from	College of Psychology
Number of summer starts only:				
Number of fall starts only:				
Will ONLY accept students who sp	eak Spa	nish:	NO	YES
Spanish speakers <b>preferred</b> : N	10 Y	YES		
Number of students by year (shou	ld equa	l total # of	fstudent	ts listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization				
Background Check; if yes Level:	Proof of Health Insurance				
Fingerprints	Physical Examination				
Drug Test	Physician's Statement of Readiness				
Other (describe):	TB Screening				
Other (describe):					
Student use of prescribed Medical Marijuana is per	rmitted: NO YES				
Costs to park? If yes, how much per day? NO	YES; COST:				

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme	ents:		
<b>Specific Evening Hours</b>	Requirement	:s:	
Direct Clinical Contact	(hours/week)		
CCE Case Available:	Yes	No	

## COVID-19

Students are required to have COVID-19	vaccina	tions/boosters:	NO	YES			
Exemptions (e.g., medical, religious) acc	cepted for	r not being vaccir	ated/boo	sted?	NO	YES	
Other: Describe		-					
NK95 masks must be worn at the site:	NO	YES					

FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		•	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 🔤 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Fami</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

THIS .... MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we will	take fro	m College of Psychology
Number of <b>summer starts only</b> :		
Number of <b>fall starts only</b> :		
Will <b>ONLY</b> accept students who speak Spanish:	NO	YES
Spanish speakers <b>preferred</b> : NO YES		
er o e er ol el ol o e le oe		
1 <sup>st</sup> vear practicum students:		

**1**<sup>st</sup> year practicum students: \_\_\_\_\_\_ **2**<sup>nd</sup> year practicum students: \_\_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization				
Background Check; if yes Level:	Proof of Health Insurance				
Fingerprints	Physical Examination				
Drug Test	Physician's Statement of Readiness				
Other (describe): TB Screening					
Other (describe):					
Student use of prescribed Medical Marijuana is permitted: NO YES					
Costs to park? If yes, how much per day? NO	YES; COST:				

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedene over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

**Required Training Prerequisites** (classes, degrees, experience, etc. that is **outside of regular required curriculum/grades**):

Supervisi Requireme Specific Evening Hours		<u>c.</u>						
Direct Clinical Contact								
CCE Case Available:	Yes	Νο						
COVID-19								
Students are required	to have COVI	D-19 vaccina	tions/boosters:	NO	YES			
Exemptions (e.g., med	lical, religious)	) accepted for	r not being vacc	cinated/boo	osted?	NO	YES	
Other: Describe								
NK95 masks must be	worn at the sit	e: NO	YES					

FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
<b>CLIENT/PATIENT POPULATION:</b>			
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 📃 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctora	al stude	nts we will	take fro	m College	of Psychology
Number of summer starts only	': <u></u>				
Number of fall starts only:					
Will ONLY accept students who	speak	Spanish:	NO	YES	
Spanish speakers <b>preferred</b> :	NO	YES			
Number of students by year (sh	nould ea	ual total #	t of stude	ents listed	above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization				
Background Check; if yes Level:	Proof of Health Insurance				
Fingerprints	Physical Examination				
Drug Test	Physician's Statement of Readiness				
Other (describe):	TB Screening				
Other (describe):					
Student use of prescribed Medical Marijuana is permitted: NO YES					
Costs to park? If yes, how much per day? NO	YES; COST:				

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:		
CCE Case Available: Yes No		
<b>COVID-19</b> Students are required to have COVID-19 vaccinations/boosters: NO YES Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? Other: Describe	NO	YES

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	ill take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	l # of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Dther (describe):				
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme	nts:		
Specific Evening Hours	Requireme	nts:	 
Direct Clinical Contact (	hours/weel	k):	
CCE Case Available:	Yes	No	

# COVID-19

Students are required to have COVID-19	9 vaccinat	tions/boosters:	NO	YES			
Exemptions (e.g., medical, religious) acc	cepted for	not being vaccir	ated/boo	sted?	NO	YES	
Other: Describe							
NK95 masks must be worn at the site:	NO	YES					

FULL SITE NAME: Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	escents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	ıp	Couples	Family
│ ── ── ── ── ── ── ── ── ── ── ── ── ──	•	Homeless	LGBTQ+
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused E</li> <li>Marriage and Familian</li> <li>Play Therapy</li> <li>Motivational Intervious</li> </ul>	ily Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abo	ve):	
BRIEF OVERVIEW OF PROGRAM:			

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	vill take from College of Psychology	
Number of <b>summer starts only</b> :		
Number of <b>fall starts only</b> :		
Will <b>ONLY</b> accept students who speak Spanish:	NO YES	
Spanish speakers <b>preferred</b> : NO YES		
Number of students by year (should equal total	l # of students listed above)	

**1**<sup>st</sup> **year** practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	TB Screening			
Other (describe): Other (describe):				
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme Specific Evening Hours Direct Clinical Contact (	Requirements			
CCE Case Available:	Yes	Νο		
COVID-19				
Students are required to	o have COVID	-19 vaccinations/boosters: NO YES		
Exemptions (e.g., media	cal, religious) a	accepted for not being vaccinated/boosted?	NO	YES
Other: Describe	- /	-		

<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 📃 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	rmitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirement	its:							
<b>Specific Evening Hours F</b>	equiremer	nts:						
Direct Clinical Contact (	ours/week	<):						
CCE Case Available:	Yes	No						
COVID-19								
Students are required to	have COV	ID-19 vaccina	ations/boosters:	NO	YES			
Exemptions (e.g., medic	al, religious	s) accepted for	or not being vac	cinated/boc	sted?	NO	YES	
Other: Describe	•		-					
NK95 masks must be wo	orn at the s	ite: NO	YES					

<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 📃 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctor	al stude	nts we will	take fro	m College	of Psychology
Number of summer starts only	/:			-	
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (sl	hould ea	ual total #	t of stude	ents listed a	above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	rmitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

<b>Supervision Requireme</b>	nts:				
Specific Evening Hours		nts:			
Direct Clinical Contact (	hours/weel	k):			
CCE Case Available:	Yes	Νο			
COVID-19					

#### Students are required to have COVID-19 vaccinations/boosters: NO YES Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES Other: Describe NK95 masks must be worn at the site: NO YES

FULL SITE NAME:			
<b>Type of Site</b> (check one): 🗌 Nova P	SC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		•	
Agency's Web Address			
BRIEF C	LINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	escents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 📃 Group	C	Couples	Eamily
College Students	ans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES:         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Fami</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments r BRIEF OVERVIEW OF PROGRAM:	not included abo	ve):	

THIS .... MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we will	take fro	m College of Psychology
Number of <b>summer starts only</b> :		
Number of <b>fall starts only</b> :		
Will <b>ONLY</b> accept students who speak Spanish:	NO	YES
Spanish speakers <b>preferred</b> : NO YES		
er o e er ol el ol o e le oe		
1 <sup>st</sup> voar practicum students:		

**1**<sup>st</sup> year practicum students: \_\_\_\_\_\_ **2**<sup>nd</sup> year practicum students: \_\_\_\_\_\_

Elective practicum students:

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedene over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

**Required Training Prerequisites** (classes, degrees, experience, etc. that is **outside of regular required curriculum/grades**):

Supervisi Requireme	nts:			
<b>Specific Evening Hours</b>	Requireme	nts:		
Direct Clinical Contact (	hours/weel	k):		
CCE Case Available:	Yes	Νο		

# COVID-19

Students are required to have COVID-19	vaccina	tions/boosters:	NO	YES			
Exemptions (e.g., medical, religious) acce	epted for	r not being vaccir	nated/boos	sted?	NO	YES	
Other: Describe		-					
NK95 masks must be worn at the site:	NO	YES					

FULL SITE NAME:				
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Grou	up	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES	:			
Cognitive Behavioral Therapy		Acceptance and Commitment Therapy		
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Family Therapy		
Psychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Neuropsychology			2	
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all <b>major</b> assessments	not included abov	ve):		
BRIEF OVERVIEW OF PROGRAM:				

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	ill take fro	om College o	f Psychology
Number of <b>summer starts only</b> :			
Number of <b>fall starts only</b> :			
Will <b>ONLY</b> accept students who speak Spanish:	NO	YES	
Spanish speakers <b>preferred</b> : NO YES			
Number of students by year (should equal total	# of stud	ents listed al	bove)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	mitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme	ents:		
<b>Specific Evening Hours</b>	Requireme	ents:	
Direct Clinical Contact	(hours/wee	ek):	
CCE Case Available:	Yes	No	

#### COVID-19

Students are required to have COVID-19	vaccina	tions/boosters:	NO	YES			
Exemptions (e.g., medical, religious) acc	epted for	r not being vaccir	ated/boo	sted?	NO	YES	
Other:		_					
Describe							
NK95 masks must be worn at the site:	NO	YES					

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	Eamily
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

# THIS PAGE MUST BE FILLED IN EVERY YEAR

<b>Total</b> number of doctoral students we will take from College of Psychology
Number of summer starts only:
Number of fall starts only:
Will ONLY accept students who speak Spanish: NO YES
Spanish speakers <b>preferred</b> : NO YES
Number of students by year (should equal total # of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	rmitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme Specific Evening Hours Direct Clinical Contact	Requiremen		
CCE Case Available:	Yes	No	
•		D-19 vaccinations/boosters: NO YES	
Exemptions (e.g., medic	cal, religious)	) accepted for not being vaccinated/boosted? NO YES	

NK95 masks must be worn at the site: NO YES

Other: Describe

FULL SITE NAME: Faulk Center for Counseling

Type of Site (check one): Nova PSC IN NonNSU

Site Number: 7119

Data Last Modified	9/29/22	
Program/Institution	Faulk Center for Counseling	
Department		
Address	22455 Boca Rio Road, Boca Raton, FL 33433	
Supervisor Name and Degree	Holly Katz, Ph.D., Clinical Psychology	
Supervisor Email	h.katz@faulkcenterforcounseling.org	
Supervisor Phone: Work/Cell	561 483-5300 <b>/</b>	
Agency's Web Address	www.faulkcenterforcounseling.org	
BRIEF	CLINICAL DESCRIPTION OF PROGRAM	
CLIENT/PATIENT POPULATION:		
🔳 Children (under 13) 🛛 🔳 Add	elescents (13-18) Adults (19-64) Older Adults (65+)	
Individual	up  Couples Family	
College Students	erans Homeless IGBTQ+	
Other: Most clinical services are able to be provided and the services are able to be provided and to be provided and the services are able to be services ar	provided through Telehealth	
	5:	
Cognitive Behavioral Therapy	Acceptance and Commitment Therapy	
Interpersonal Therapy	Solution-Focused Brief Therapy	
Exposure Therapy	Marriage and Family Therapy	
Psychodynamic Psychotherapy	Play Therapy	
Dialectical Behavior Therapy	Motivational Interviewing	
Neuropsychology		
Other:		
ASSESSMENT TYPE:		
Achievement and Aptitude Tests	5	
Intelligence Tests		
Neuropsychological Tests		
Objective Personality Tests		
Projective Personality Tests		
Other (list all <b>major</b> assessments	s not included above):	
BRIEF OVERVIEW OF PROGRAM:		
Practicum students provide individual, co	uples, family, and group counseling as well as psychological testing services to	
-	e could not afford private treatment. Clients served at our Boca Rio location and	
in outreach programs are diverse in terms	of age, presenting problems, diagnoses, and ethnicity.	

# PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 23 - 20 24 YEAR THIS PAGE MUST BE FILLED IN EVERY YEAR

12	Total number	of doctoral	students we	will take	from College	of Psychology

Number of summer starts only: 1

Number of fall starts only: <u>11</u>

Will **ONLY** accept students who speak Spanish: **I** NO **I** YES

Spanish speakers **preferred**: NO **I** YES

Number of students by year (should equal total # of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: <u>11</u>

Elective practicum students: <u>1 (contir</u>

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is permitted: NO NO Student VES			
Costs to park? If yes, how much per day? INO YES; COST:			

# HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours: day and evening hrs (20 hours)	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

# **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

The Faulk Center for Counseling in opened M-W 9-9 p.m., Th-F 9-5 p.m. Mandatory meetings: Case staffing Wednesday OR Friday morning from 9-11. Wednesday 1-2 p.m. meeting. Additional one morning per week to work in our Schools Counseling Program. One evening per week (5-9 p.m.)

# **Required Training Prerequisites** (classes, degrees, experience, etc. that is **outside of regular required curriculum/grades**):

Previous therapy and psychological testing experience preferred.

Supervision Requirements: Individual 1 hour per week. Case staffing 2 hours per week., School group superviison 1 hour per week.

Г

Specific Evening Hours Requirements: <u>1 evening M-W 5-9 p.m.</u> Direct Clinical Contact (hours/week): Approxiamtely 10-13 hours

CCE Case Available: 🖌 Yes 🗌 No

# COVID-19

Students are required to have COVID-19 vaccin	ations/boosters: 🖌 NO 🛄 YES
Exemptions (e.g., medical, religious) accepted for	or not being vaccinated/boosted? NO 🖌 YES
Other: Describe	
NK95 masks must be worn at the site: NO	YES

FULL SITE NAME:			
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
<b>CLIENT/PATIENT POPULATION:</b>			
Children (under 13)	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 📃 Grou	qr	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIESCognitive Behavioral TherapyInterpersonal TherapyExposure TherapyPsychodynamic PsychotherapyDialectical Behavior TherapyNeuropsychology	:	<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
Other:			
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		ve):	

T

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

<b>Supervision Requireme</b>	nts:			
Specific Evening Hours	Requirem	ents:		
Direct Clinical Contact (	hours/we	ek):		
CCE Case Available:	Yes	Νο		
COVID-19				

Students are required to have COVID-19	vaccina	tions/boosters:	NO	YES			
Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted?					NO	YES	
Other: Describe	-	-					
NK95 masks must be worn at the site:	NO	YES					

FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:		—	<b>—</b>
	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	E Family
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES	:	_	
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy
Interpersonal Therapy		Solution-Focused B	rief Therapy
Exposure Therapy		Marriage and Famil	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	iewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral st	tudents	we will ta	ke from	College of Psychology
Number of summer starts only:				
Number of fall starts only:				
Will ONLY accept students who sp	eak Spa	inish:	NO	YES
Spanish speakers <b>preferred</b> : N	10 .	YES		
Number of students by year (shou	ld equa	l total # of	student	s listed above)

**1**<sup>st</sup> **year** practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	rmitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)			
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)			
Elective practicum student hours:	(max hours 10-15/week)			
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class			
hours. Students cannot come to a practicum site if they have classes –there is no exception to this.				

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

<b>Supervision Requireme</b>	nts:				
<b>Specific Evening Hours</b>	Requireme	nts:			
Direct Clinical Contact (	hours/wee	k):	 		
CCE Case Available:	Yes	No			
COVID-19			 X	х	

Students are required to have COVID-19 vaccinations/boosters: X NO YES		
Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? Other: Describe Currently, masks are required within the facility	NO	YES
Other: Describe Currently, masks are required within the facility		

NK95 masks must be worn at the site: x NO YES

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	ll take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	rmitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirement Specific Evening Hours Re Direct Clinical Contact (he	equiremer						
CCE Case Available:	Yes	Νο					
COVID-19							
Students are required to	have CO\	/ID-19 vaccinations/boosters:	NO	YES			
Exemptions (e.g., medica	al, religiou	<ul> <li>accepted for not being vaccir</li> </ul>	ated/boo	sted?	NO	YES	
Other: Describe	. 0	,					

NO YES NK95 masks must be worn at the site:

FULL SITE NAME:			
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 📃 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		/e):	

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# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctora	al stude	nts we will	take fro	m College	of Psychology
Number of summer starts only	/:			-	
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (sl	hould ea	ual total #	t of stude	ents listed a	above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremer Specific Evening Hours R Direct Clinical Contact (†	equiremen							
CCE Case Available:	Yes	Νο						
COVID-19								
Students are required to	o have CO∖	ID-19 vaccina	ations/boosters:	NO	YES			
Exemptions (e.g., media	al, religiou	s) accepted fo	or not being vacc	inated/boo	osted?	NO	YES	
Other: Describe								
NK95 masks must be w	orn at the s	ite: NO	YES					

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

**1**<sup>st</sup> **year** practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirement Specific Evening Hours Re Direct Clinical Contact (ho	equirement					
CCE Case Available:	Yes	Νο				
COVID-19						
Students are required to h Exemptions (e.g., medica				NO YES ated/boosted?	NO	YES
Other: Describe	,		g			
NK95 masks must be wor	n at the site	e: NO	YES			

FULL SITE NAME:			
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 📃 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		/e):	

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# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirem Specific Evening Hours	Requirem		
<b>Direct Clinical Contact</b>	(hours/wee	ek):	
CCE Case Available:	Yes	Νο	

# COVID-19

Students are required to have COVID-19	) vaccina	tions/boosters:	NO	YES			
Exemptions (e.g., medical, religious) acc	epted for	r not being vaccir	ated/boo	sted?	NO	YES	
Other: Describe		_					
NK95 masks must be worn at the site:	NO	YES					

FULL SITE NAME:				
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
🗌 Individual 🔹 🗌 Grou	up	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES	:		ommitment Therapy	
L Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Family Therapy		
Sychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy		Motivational Interv	lewing	
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all <b>major</b> assessments	not included abo	ve):		
BRIEF OVERVIEW OF PROGRAM:				

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	ill take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	l # of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirement Specific Evening Hours Re Direct Clinical Contact (h	equiremen		
CCE Case Available:	Yes	Νο	
<b>COVID-19</b> Students are required to have COVID-19 vaccinations/boosters: NO YES Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES Other: Describe			
NK95 masks must be wo	n at the sit	te: NO YES	

FULL SITE NAME:				
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:	(12,10)			
	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Grou	•	Couples		
	erans	Homeless	LGBTQ+	
Other:				
	:			
Cognitive Behavioral Therapy			mmitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Fami	ly Therapy	
Psychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy		Motivational Interv	viewing	
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all <b>major</b> assessments	not included abov	ve):		
BRIEF OVERVIEW OF PROGRAM:				

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# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we w	ill take fro	om College of	f Psychology
Number of <b>summer starts only</b> :			
Number of <b>fall starts only</b> :			
Will <b>ONLY</b> accept students who speak Spanish:	NO	YES	
Spanish speakers <b>preferred</b> : NO YES			
Number of students by year (should equal total	# of stude	ents listed al	oove)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week): _	

CCE Case Available: Yes No

# COVID-19

Students are required to have COVID-19	9 vaccina	tions/boosters:	NO	YES		
Exemptions (e.g., medical, religious) acc	cepted for	<sup>r</sup> not being vaccin	ated/boo	sted?	NO	YES
Other: Describe	-	-				
NK95 masks must be worn at the site:	NO	YES				

FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:		_	_
	lescents (13-18)	🗌 Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	Family
College Students	erans	Homeless	LGBTQ+
Other:			
	:	_	
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy
Interpersonal Therapy		Solution-Focused B	rief Therapy
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	iewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen Specific Evening Hours R Direct Clinical Contact (h	equiremen							
CCE Case Available:	Yes	No						
COVID-19								
Students are required to	have COVI	D-19 vaccina	tions/boosters:	NO	YES			
Exemptions (e.g., medic	al, religious)	) accepted for	r not being vaccir	nated/boos	sted?	NO	YES	
Other: Describe			-					
NK95 masks must be wo	orn at the sit	e: NO	YES					

FULL SITE NAME:			
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 📃 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		/e):	

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# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	ll take from College of Psychology		
Number of <b>summer starts only</b> :			
Number of <b>fall starts only</b> :			
Will <b>ONLY</b> accept students who speak Spanish:	NO YES		
Spanish speakers <b>preferred</b> : NO YES			
Number of students by year (should equal total # of students listed above)			

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

# SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe): TB Screening	
Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	
••••••••••••••••••••••••••••••••••••••	

CCE Case Available: Yes No

# COVID-19

Students are required to have COVID-19 vaccinations/boosters:				YES		
Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted?					NO	YES
Other: Describe		-				
NK95 masks must be worn at the site:	NO	YES				

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	Eamily
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up   Couples erans   Homeless  :

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Total number of doctoral students we wi	ill take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	l # of students listed above)

**1**<sup>st</sup> **year** practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	
· · · · · ·	

CCE Case Available: Yes No

# COVID-19

Students are required to have COVID-19	NO	YES					
Exemptions (e.g., medical, religious) accepted for not being vaccin				sted?	NO	YES	
Other: Describe		-					
NK95 masks must be worn at the site:	NO	YES					

<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 📃 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students we wi	ll take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

<b>Supervision Requiremen</b>	nts:			
<b>Specific Evening Hours F</b>	Requireme	ents:		
Direct Clinical Contact (	nours/wee	ek):		
CCE Case Available:	Yes	No		

# COVID-19

Students are required to have COVID-19	NO	YES				
Exemptions (e.g., medical, religious) accepted for not being vaccin				sted?	NO	YES
Other: Describe		-				
NK95 masks must be worn at the site:	NO	YES				

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up   Couples erans   Homeless  :

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Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:		
CCE Case Available: Yes No		
<b>COVID-19</b> Students are required to have COVID-19 vaccinations/boosters: NO YES		
Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? Other: Describe	NO	YES

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

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Total number of doctoral students we will	take fro	om College of Psychology	
Number of <b>summer starts only</b> :			
Number of <b>fall starts only</b> :			
Will <b>ONLY</b> accept students who speak Spanish:	NO	YES	
Spanish speakers <b>preferred</b> : NO YES			
Number of students by year (should equal total #	of stude	ents listed above)	

Number of students by year (should equal total # of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	TB Screening		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other:	Other:		
Other:			
Student use of prescribed Medical Marijuana is permitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:		

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirement Specific Evening Hours I Direct Clinical Contact (	Requirement						
CCE Case Available:	Yes	Νο					
COVID-19							
Students are required to	have COVII	D-19 vaccinat	tions/boosters:	NO YES			
Exemptions (e.g., medic	al, religious)	accepted for	not being vaccir	nated/boosted?	NO	YES	
Other: Describe			-				
NK95 masks must be w	orn at the site	e: NO	YES				

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

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Total number of doctoral students we wi	will take from College of Psychology	
Number of <b>summer starts only</b> :		
Number of <b>fall starts only</b> :		
Will <b>ONLY</b> accept students who speak Spanish:	: NO YES	
Spanish speakers <b>preferred</b> : NO YES		
Number of students by year (should equal total	al # of students listed above)	

**1**<sup>st</sup> **year** practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	mitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

### COVID-19

Students are required to have COVID-19 vaccinations/boosters:	NO	YES		
Exemptions (e.g., medical, religious) accepted for not being vacci	nated/bo	oosted?	NO	YES Other:
Describe				
NKG5 masks must be were at the site: NO VES				

FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 📃 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:	:	<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Fami</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	ve):	
		-,	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students we w	ill take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	l # of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
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### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirement Specific Evening Hours R Direct Clinical Contact (H	Requireme				 
CCE Case Available:	Yes	Νο			
<b>COVID-19</b> Students are required to	have COV	/ID-19 vaccinations/boosters:	NO	YES	

			-		-			
Exemptions (e.g.,	, medical,	, religious)	accepted	for not being v	/accinated/bc	osted?	NO	YES
Other: Describe								

NK95 masks must be worn at the site: NO YES

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

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Total number of doctoral students we w	will take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	: NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	al # of students listed above)

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2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	rmitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
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Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements: Specific Evening Hours Requirements: Direct Clinical Contact (hours/week):	 			
CCE Case Available: Yes No				
COVID-19				
Students are required to have COVID-19 vaccinations/boosters	YES	NO	VES	

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted?	NO	YES
Other: Describe		

NK95 masks must be worn at the site: NO YES

FULL SITE NAME:				
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:		—	<b>—</b>	
	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Grou	•	Couples	E Family	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES	:	_		
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Family Therapy		
Psychodynamic Psychotherapy		🗌 Play Therapy		
Dialectical Behavior Therapy		Motivational Interv	iewing	
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all <b>major</b> assessments	not included abov	ve):		
BRIEF OVERVIEW OF PROGRAM:				

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Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
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Number of students by year (should equal total	l # of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme Specific Evening Hours Direct Clinical Contact (	Requireme						
CCE Case Available:	Yes	No					
COVID-19							
		/ID-19 vaccinations/boosters:	NO Noted/boc	YES	NO	VES	

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES Other: Describe

NK95 masks must be worn at the site: NO YES

FULL SITE NAME:				
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:		—	<b>—</b>	
	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Grou	•	Couples	E Family	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES	:	_		
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Family Therapy		
Psychodynamic Psychotherapy		🗌 Play Therapy		
Dialectical Behavior Therapy		Motivational Interv	iewing	
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all <b>major</b> assessments	not included abov	ve):		
BRIEF OVERVIEW OF PROGRAM:				

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Total number of doctor	al stude	nts we will	take fro	m College o	of Psychology
Number of summer starts only	/:			_	
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (sl	hould ea	ual total #	t of stude	ents listed a	above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements: Specific Evening Hours Requirements: Direct Clinical Contact (hours/week):				
CCE Case Available: Yes No				
COVID-19				
Students are required to have COVID-19 vaccir	ations/boosters:	NO YES		
Exemptions (e.g., medical, religious) accepted f	or not being vaccinate	d/boosted?	NO	YES
Other: Describe	-			

NO NK95 masks must be worn at the site: YES

FULL SITE NAME:			
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 📃 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		/e):	

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Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen Specific Evening Hours R Direct Clinical Contact (h	equirement		
CCE Case Available:	Yes	Νο	
•		D-19 vaccinations/boosters: NO YES ) accepted for not being vaccinated/boosted? NO	O YES
NK95 masks must be wo	orn at the sit	te: NO YES	

FULL SITE NAME:			
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 📃 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		/e):	

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Total number of doctoral s	tudents	we will tal	ke from	College of Psychology
Number of summer starts only:				
Number of fall starts only:				
Will ONLY accept students who sp	beak Spa	nish: I	NO	YES
Spanish speakers <b>preferred</b> :	NO OV	YES		
Number of students by year (shou	uld equa	l total # of	student	s listed above)

**1**<sup>st</sup> **year** practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen Specific Evening Hours F Direct Clinical Contact (H	Requirements			
CCE Case Available:	Yes	Νο		
•		-19 vaccinations/boosters: NO YES accepted for not being vaccinated/boosted?	NO	YES

NK95 masks must be worn at the site: NO YES

FULL SITE NAME:				
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:		—	<b>—</b>	
	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Grou	•	Couples	E Family	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES	:	_		
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Family Therapy		
Psychodynamic Psychotherapy		🗌 Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all <b>major</b> assessments	not included abov	ve):		
BRIEF OVERVIEW OF PROGRAM:				

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Total number of doctoral students we wil	l take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total :	# of students listed above)

Number of students by year (should equal total # of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students:\_\_\_\_\_

Elective practicum students:

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	rmitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
<b>Specific Evening Hours Requirements:</b>	
Direct Clinical Contact (hours/week): _	

CCE Case Available: Yes No

### COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? YES NO Other: Describe

<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 📃 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	# of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students:

Elective practicum students:

### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	rmitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen Specific Evening Hours F Direct Clinical Contact (H	equirement						
CCE Case Available:	Yes	No					
COVID-19		- 40 - 1					
Students are required to Exemptions (e.g., medic				NO nated/boos	YES ted? N	IO YES	
Other: Describe	ai, rengious)		The being vacon				
NK95 masks must be w	orn at the sit	e: NO	YES				

FULL SITE NAME:			
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
<b>CLIENT/PATIENT POPULATION:</b>			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 📃 Grou	qr	Couples	Eamily
College Students Veterans		Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIESCognitive Behavioral TherapyInterpersonal TherapyExposure TherapyPsychodynamic PsychotherapyDialectical Behavior TherapyNeuropsychology	:	<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Famil</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
Other:			
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		ve):	

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Total number of doctoral students we v	vill take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will ONLY accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal tota	l # of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen Specific Evening Hours R Direct Clinical Contact (h	equiremen							
CCE Case Available:	Yes	Νο						
COVID-19								
Students are required to	have COV	ID-19 vaccina	ations/boosters:	NO	YES			
Exemptions (e.g., medic	al, religious	) accepted for	r not being vacci	nated/boo	sted?	NO	YES	
Other: Describe	-	-	-					
NK95 masks must be wo	orn at the si	te: NO	YES					

FULL SITE NAME:	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
Program/Institution					
Department					
Address					
Supervisor Name and Degree					
Supervisor Email					
Supervisor Phone: Work/Cell		/			
Agency's Web Address					
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM			
CLIENT/PATIENT POPULATION:					
🗌 🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	Older Adults (65+)		
🗌 Individual 🔤 Grou	up	Couples	E Family		
College Students	erans	Homeless	LGBTQ+		
Other:					
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Fami</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy		
ASSESSMENT TYPE:					
Achievement and Aptitude Tests					
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests					
Other (list all <b>major</b> assessments	not included abov	ve):			
BRIEF OVERVIEW OF PROGRAM:					

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Total number of doctoral students we wi	II take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
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2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students: —

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	mitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements Specific Evening Hours Direct Clinical Contact	Requirements			
CCE Case Available:	Yes	Νο		
		-19 vaccinations/boosters: NO YES accepted for not being vaccinated/boosted?	NO	YES

NK95 masks must be worn at the site: NO YES

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

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Total number of doctora	al stude	nts we wil	l take fro	m College d	of Psychology
Number of summer starts only	/:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (sl	hould ea	nual total #	ŧ of stude	ents listed a	bove)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	mitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremer Specific Evening Hours F Direct Clinical Contact (†	Requireme		
CCE Case Available:	Yes	Νο	
COVID-19			
Students are required t	o have CC	VID-19 vaccinations/boosters: NO YES	
Exemptions (e.g., medi	cal, religio	us) accepted for not being vaccinated/boosted? NO YES	
Other: Describe	_		
NK95 masks must be v	vorn at the	site: NO YES	

FULL SITE NAME:					
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
Program/Institution					
Department					
Address					
Supervisor Name and Degree					
Supervisor Email					
Supervisor Phone: Work/Cell		/			
Agency's Web Address					
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM			
CLIENT/PATIENT POPULATION:			<b>—</b>		
	lescents (13-18)	Adults (19-64)	Older Adults (65+)		
Individual Grou	•	Couples	Family		
	erans	Homeless	LGBTQ+		
Other:					
PRIMARY TREATMENT MODALITIES	:	<b>—</b>			
Cognitive Behavioral Therapy			mmitment Therapy		
Interpersonal Therapy		Solution-Focused B	.,		
Exposure Therapy		Marriage and Family Therapy			
Psychodynamic Psychotherapy		Play Therapy			
Dialectical Behavior Therapy		Motivational Interv	iewing		
Neuropsychology					
Other:					
ASSESSMENT TYPE:					
Achievement and Aptitude Tests					
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests					
Other (list all <b>major</b> assessments	not included abov	ve):			
BRIEF OVERVIEW OF PROGRAM:					

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Total number of doctoral students	we will take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will ONLY accept students who speak Spa	nish: NO YES
Spanish speakers <b>preferred</b> : NO	ΈS
Number of students by year (should equal	total # of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements: Specific Evening Hours Requirements: Direct Clinical Contact (hours/week):					
CCE Case Available: Yes No					
COVID-19					
Students are required to have COVID-19 vaccinations/booste	ers: NO	YES			
Exemptions (e.g., medical, religious) accepted for not being v	/accinated/boc	sted?	NO	YES	

<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	imber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 🔤 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused E</li> <li>Marriage and Family</li> <li>Play Therapy</li> <li>Motivational Intervious</li> </ul>	ily Therapy
ASSESSMENT TYPE:			
Chievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctora	al stude	nts we will	take fro	m College	of Psychology
Number of summer starts only	/:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (sl	nould ea	ual total #	t of stude	ents listed a	above)

**1**<sup>st</sup> **year** practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe);	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	mitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme Specific Evening Hours Direct Clinical Contact (	Requiremen						
CCE Case Available:	Yes	Νο					
COVID-19							
Students are required t	o have COV	ID-19 vaccinations/boosters:	NO	YES			
Exemptions (e.g., med	cal, religious	s) accepted for not being vac	cinated/boo	osted?	NO	YES	
Other: Describe	-	· · · · · · · · · · · · · · · · · · ·					

NK95 masks must be worn at the site: NO YES

FULL SITE NAME:					
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
Program/Institution					
Department					
Address					
Supervisor Name and Degree					
Supervisor Email		,			
Supervisor Phone: Work/Cell		/			
Agency's Web Address					
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM			
CLIENT/PATIENT POPULATION:					
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)		
Individual Grou	up	Couples	Eamily		
College Students	erans	Homeless	LGBTQ+		
Other:					
PRIMARY TREATMENT MODALITIES					
Cognitive Behavioral Therapy		Acceptance and Co	ommitment Therapy		
Interpersonal Therapy		Solution-Focused Brief Therapy			
Exposure Therapy		Marriage and Family Therapy			
Psychodynamic Psychotherapy		Play Therapy			
Dialectical Behavior Therapy		Motivational Interviewing			
Neuropsychology					
Other:					
ASSESSMENT TYPE:					
Achievement and Aptitude Tests					
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests					
Other (list all <b>major</b> assessments	not included abov	ve).			
BRIEF OVERVIEW OF PROGRAM:					

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctor	al stude	nts we will	take fro	m College o	of Psychology
Number of summer starts only	/:			_	
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (sl	hould ea	ual total #	t of stude	ents listed a	above)

Number of students by year (should ed 1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen Specific Evening Hours F Direct Clinical Contact (H	Requirement			
CCE Case Available:	Yes	Νο		
COVID-19				
Students are required to	have COVIE	D-19 vaccinations/boosters: NO YES		
Exemptions (e.g., medica	al, religious)	accepted for not being vaccinated/boosted?	NO	YES
Other: Describe				

FULL SITE NAME:					
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
Program/Institution					
Department					
Address					
Supervisor Name and Degree					
Supervisor Email					
Supervisor Phone: Work/Cell		/			
Agency's Web Address					
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM			
CLIENT/PATIENT POPULATION:					
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)		
Individual Grou	up	Couples	Eamily		
College Students	erans	Homeless	LGBTQ+		
Other:					
PRIMARY TREATMENT MODALITIES					
Cognitive Behavioral Therapy		Acceptance and Co	ommitment Therapy		
Interpersonal Therapy		Solution-Focused Brief Therapy			
Exposure Therapy		Marriage and Family Therapy			
Psychodynamic Psychotherapy		Play Therapy			
Dialectical Behavior Therapy		Motivational Interviewing			
Neuropsychology					
Other:					
ASSESSMENT TYPE:					
Achievement and Aptitude Tests					
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests					
Other (list all <b>major</b> assessments	not included abov	ve).			
BRIEF OVERVIEW OF PROGRAM:					

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral s	tudents	we will tal	ke from	College of Psychology
Number of summer starts only:				
Number of fall starts only:				
Will ONLY accept students who sp	beak Spa	nish: I	NO	YES
Spanish speakers <b>preferred</b> :	NO OV	YES		
Number of students by year (shou	uld equa	l total # of	student	s listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students: \_\_\_\_\_

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremer Specific Evening Hours R Direct Clinical Contact (h	equiremen							
CCE Case Available:	Yes	Νο						
COVID-19								
Students are required to				NO	YES			
Exemptions (e.g., media	cal, religious	s) accepted for	or not being vacc	inated/boo	sted?	NO	YES	
Other: Describe								
NK95 masks must be w	orn at the s	ite: NO	YES					

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	Eamily
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we w	/ill take fro	om College o	f Psychology
Number of <b>summer starts only</b> :			
Number of <b>fall starts only</b> :			
Will ONLY accept students who speak Spanish:	NO	YES	
Spanish speakers <b>preferred</b> : NO YES			
Number of students by year (should equal tota	l # of stud	ents listed a	bove)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week): _	

CCE Case Available: No Yes

## COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES Other: Describe

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we will ta	ke from	College of Psychology
Number of <b>summer starts only</b> :		
Number of <b>fall starts only</b> :		
Will <b>ONLY</b> accept students who speak Spanish:	NO	YES
Spanish speakers <b>preferred</b> : NO YES		
Number of students by year (should equal total # of	f student	s listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

CCE Case Available: Yes No

## COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES Other: Describe

FULL SITE NAME:				
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Grou	up	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES				
Cognitive Behavioral Therapy		Acceptance and Co	ommitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Fami	ily Therapy	
Psychodynamic Psychotherapy		🗌 Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all <b>major</b> assessments	not included abov	ve).		
BRIEF OVERVIEW OF PROGRAM:				

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctor	al stude	nts we will	take fro	m College	of Psychology
Number of summer starts only	y:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (s	hould ea	qual total #	of stude	ents listed	above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_ Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; <b>COST:</b>	

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
<b>Note</b> : The only thing that takes precedence over practicum	hours are College of Psychology doctoral class

hours. Students cannot come to a practicum site if they have classes -there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week): _	

CCE Case Available: Yes No

# COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES Other: Describe

FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:		_	_
	lescents (13-18)	🗌 Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	Family
College Students	erans	Homeless	LGBTQ+
Other:			
	:	_	
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy
Interpersonal Therapy		Solution-Focused B	rief Therapy
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		🗌 Play Therapy	
Dialectical Behavior Therapy     Dialectical Behavior Therapy     Dialectical Behavior Therapy		iewing	
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we w	vill take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will ONLY accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	

Number of students by year (should equal total # of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students: \_\_\_\_\_

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	TB Screening	
Drug Test	Physician's Statement of Readiness	
Other:	Other	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

**Required Training Prerequisites** (classes, degrees, experience, etc. that is **outside of regular required curriculum/grades**):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

CCE Case Available: Yes No

## COVID-19

PSC 🗌 NonNSU	Site Nu	mber:
	/	
CLINICAL DESCRIP	TION OF PROGRAM	
lescents (13-18)	Adults (19-64)	Older Adults (65+)
qu	Couples	E Family
erans	Homeless	LGBTQ+
	Solution-Focused B	ly Therapy
not included abov	ve):	
	CLINICAL DESCRIP	CLINICAL DESCRIPTION OF PROGRAM  lescents (13-18)   Adults (19-64) up Couples erans   Homeless  :

## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctora	al stude	nts we will	take fro	m College c	of Psychology
Number of summer starts only	/:				
Number of fall starts only:					
Will ONLY accept students who	speak :	Spanish:	NO	YES	
Spanish speakers <b>preferred</b> :	NO	YES			
Number of students by year (sl	hould ea	nual total #	t of stude	nts listed a	hove)

it students by year (should equal total # of students listed above)

1<sup>st</sup> year practicum students: \_\_\_\_\_

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements: Specific Evening Hours Requirements: Direct Clinical Contact (hours/week):			
CCE Case Available: Yes	Νο		
COVID-19			
Students are required to have COVID-7	19 vaccinations/boosters: NO YES		
Exemptions (e.g., medical, religious) ad	ccepted for not being vaccinated/boosted?	NO	YES
Other: Describe			

NK95 masks must be worn at the site: NO YES

FULL SITE NAME:				
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
🗌 🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	🗌 Adults (19-64)	Older Adults (65+)	
🗌 Individual 🔤 Grou	up	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
	):		mmitment Thereny	
Cognitive Behavioral Therapy		Acceptance and Co		
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Famil	y Therapy	
Sychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy		Motivational Interv	lewing	
Other:				
ASSESSMENT TYPE:				
Chievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all <b>major</b> assessments	not included abov	ve):		
BRIEF OVERVIEW OF PROGRAM:				

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Total number of doctoral students we w	ill take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	l # of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

./ /	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

## **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

CCE Case Available: Yes No

# COVID-19

Students are required to have COVID-19	vaccina	tions/boosters:	NO	YES			
Exemptions (e.g., medical, religious) acc	epted for	r not being vaccir	ated/boc	sted?	NO	YES	
Other: Describe		-					
NK95 masks must be worn at the site:	NO	YES					

FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email		,	
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES			
Cognitive Behavioral Therapy		Acceptance and Co	ommitment Therapy
Interpersonal Therapy		Solution-Focused B	Brief Therapy
Exposure Therapy		Marriage and Fami	ily Therapy
Psychodynamic Psychotherapy		🗌 Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all <b>major</b> assessments	not included abov	ve).	
BRIEF OVERVIEW OF PROGRAM:			

# THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	ill take from College of Psychology
Number of <b>summer starts only</b> :	
Number of <b>fall starts only</b> :	
Will <b>ONLY</b> accept students who speak Spanish:	NO YES
Spanish speakers <b>preferred</b> : NO YES	
Number of students by year (should equal total	l # of students listed above)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

#### HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

#### **DESCRIBE SPECIFIC SITE REQUIREMENTS:**

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme Specific Evening Hours Direct Clinical Contact	Requiremen						
CCE Case Available:	Yes	Νο					
COVID-19							
Students are required	to have CO	VID-19 vaccinations/boosters:	NO	YES			
Exemptions (e.g., med Other: Describe	dical, religiou	is) accepted for not being vacci	nated/boo	sted?	NO	YES	

NK95 masks must be worn at the site: NO YES

FULL SITE NAME:			
<b>Type of Site</b> (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	lescents (13-18)	Adults (19-64)	Older Adults (65+)
	up erans	Homeless	Family LGBTQ+
PRIMARY TREATMENT MODALITIES         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Fami</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
Neuropsychology			
Other:			
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		/e):	

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## THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wi	ill take fr	om College o	f Psychology
Number of <b>summer starts only</b> :			
Number of <b>fall starts only</b> :			
Will <b>ONLY</b> accept students who speak Spanish:	NO	YES	
Spanish speakers <b>preferred</b> : NO YES			
Number of students by year (should equal total	# of stuc	lents listed a	bove)

1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students: \_\_\_\_\_

Elective practicum students:

#### SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Other		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is permitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:		

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
2 <sup>nd</sup> year practicum student hours:	(max hours 15-20/week)
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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen Specific Evening Hours R Direct Clinical Contact (h	equireme				 
CCE Case Available:	Yes	Νο			
<b>COVID-19</b> Students are required to	have CC	OVID-19 vaccinations/boosters:	NO	YES	

#### Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES Other: Describe

NK95 masks must be worn at the site: NO YES

FULL SITE NAME:			
<b>Type of Site</b> (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 📃 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES:         Cognitive Behavioral Therapy         Interpersonal Therapy         Exposure Therapy         Psychodynamic Psychotherapy         Dialectical Behavior Therapy         Neuropsychology         Other:		<ul> <li>Acceptance and Co</li> <li>Solution-Focused B</li> <li>Marriage and Fami</li> <li>Play Therapy</li> <li>Motivational Interv</li> </ul>	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		/e):	

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Number of <b>fall starts only</b> :	
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1<sup>st</sup> year practicum students:

2<sup>nd</sup> year practicum students:

Elective practicum students:

## SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is permitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:		

## HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 <sup>st</sup> year practicum student hours:	(max hours 10-15/week)
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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirem Specific Evening Hours Direct Clinical Contact	s Requirement				
CCE Case Available:	Yes	Νο			
COVID-19					
Students are required to have COVID-19 vaccinations/boosters: NO YES					
Exemptions (e.g., med	dical, religious)	accepted for not being vaccinated/boosted?	NO	YES	
Other: Describe					